DOCUMENT RESUME

ED 207 308 EC 140 051

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TITLE Developmental Trampoline Activities for Individuals with Multiple Handicapping Conditions.
INSTITUTION American Alliance for Health, Physical Education, Recreation and Dance, Reston, Va. Information and Research Utilization Center.
PUB DATE Nov 79
NOTE 13p.
AVAILABLE FROM American Alliance for Health, Physical Education, Recreation and Dance, 1900 Association Dr., Reston, VA 22091 ($2.00).
JOURNAL CIT Practical Pointers; v3 n4 Nov 1979

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Adapted Physical Education; Elementary Secondary Education; *Motor Development; *Multiple Disabilities; *Physical Activities; Safety
IDENTIFIERS *Trampolines

ABSTRACT

The use of trampoline activities with multiple handicapped students is discussed. Management considerations in safety are noted, and developmental trampoline skills are listed beginning with bouncing for stimulation. Progression to limited independence and finally independent jumping is described. The position statement of the American Alliance for Health, Physical Education, and Recreation on the use of trampolines is appended along with the author's response. (CL)

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Volume 3, Number 4
November 1979

DEVELOPMENTAL TRAMPOLINE ACTIVITIES FOR INDIVIDUALS WITH MULTIPLE HANDICAPPING CONDITIONS

Bill Thomas

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During the last several years increasing emphasis has been placed upon developmental programs and activities appropriate to needs of individuals with severe and profound mental retardation and multiple handicapping conditions. Physical and motor needs continue to receive a great deal of attention in developmental programs and activities. Bill Thomas, Corrective Therapist at Logan School (South Bend, Indiana), now a doctoral student in adapted physical education at Indiana University (Bloomington), has successfully used the trampoline with these populations for various developmental, therapeutic, rehabilitation, and recreational purposes. Bill Thomas shows through this Practical Pointer a proven developmental approach which has been used successfully with individuals possessing different multiple handicapping conditions. For his willingness to share unselfishly these materials through the Practical Pointer series, special thanks and appreciation are extended to Bill Thomas and students at Logan School with whom these approaches have been perfected.

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The trampoline[1] can benefit all people. Individuals with handicapping conditions derive similar benefits in similar ways as individuals without such conditions. The trampoline is a versatile piece of equipment for physical education programs. It can be used in adapted physical education programs to help develop motor control, and in therapy activities to develop and strengthen awareness and control of other functional areas with which individuals with handicapping conditions may have difficulty. The trampoline can be fun, enjoyable, motivating, promote learning, and provide a means of unique skills development. Characteristically, the trampoline can contribute to a sense of relocation--spatial relations; development of rhythm, timing and coordination; development of confidence, self-reliance, and muscular growth; and motivation for intensive participation in a learning activity.

These goals are well known to instructors who have used trampolines in physical education classes. But can such goals be successfully attained by individuals with handicapping conditions? Multiple handicapped means that an individual is affected by more than one handicapping condition. Usual conditions listed as multiple handicapping include combinations of mental retardation, cerebral palsy, blindness, and deafness. However, almost any two or more disabilities can be paired to produce a multiple handicapping condition. This Practical Pointer deals with the more common mental, physical, and sensory conditions affecting individuals considered to possess multiple handicapping conditions. The trampoline can be easily and effectively used with these populations. When a progressive, reasonable program of trampoline instruction and therapy is utilized within a total adapted physical education program, results include strengthening and broadening of total program offerings.

Movement stimulation is a noticable factor which is missing in development of many individuals with multiple handicapping conditions. Loss of sensory function can limit spontaneous or voluntary incidence of movement exploration in a young child. Obviously physical disability lessens possibilities of exploring one's own movement potentials. For other reasons individuals with handicapping conditions may not always receive various forms of movement patterns considered normalizing.

Young children are rocked, swung, gently bounced on a knee, rolled, and held in various positions. This is not often the case with a child possessing a handicapping condition. It has been strongly suggested that earliest forms of movement stimulation are basic to eventual development of later motor patterns and skills. Such movement stimulation must be provided in physical education programs involving children with handicapping conditions if a developmental approach is followed. It must be done in situations where types and amounts of stimulation are controlled. The trampoline is an effective modality for presenting movement stimulation. It is also possible to present this form of stimulation on many levels. For example, bouncing, rocking, rolling, change of position, and an experience of movement and tactile stimulation on all body areas can be provided under controlled circumstances on the trampoline.

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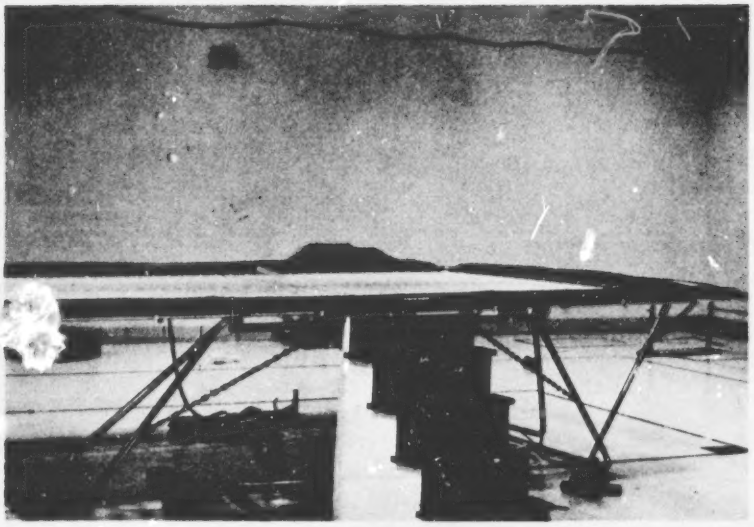
[1]Because of adverse statements and recommendations made by the American Academy of Pediatrics about trampoline activities in general, guidelines were developed and endorsed during the 1978 National Convention of the American Alliance for Health, Physical Education, Recreation, and Dance by a number of interested and concerned organizations. During 1979 additions were recommended to clarify application of these guidelines to populations possessing different handicapping conditions. Both the approved guidelines and recommended additions can be found beginning on page 10 in this Practical Pointer.



A trampoline with a large bed is recommended to accommodate students of all ages as well as adult supervisors. Stairs, step, or ladder make getting up and down easier.

Any activity done on the trampoline must be done with safety foremost in mind. In most instances precautions taken will not necessarily limit possibilities of movement stimulation for students. Safety procedures are responsibilities of instructors working with students. In this way instructors control learning or therapy situations on trampolines, and must take precautions to make these experiences enjoyable and safe for each student. Common sense and attention to each student are usually all that is required of an instructor. Serious injuries related to trampoline use by individuals with multiple handicapping conditions are rare occurances, if existant at all. Possibilities of injury are not high when simple rules are followed in use of the trampoline for movement stimulation and basic skill development

INSTRUCTIONAL GUIDELINES

An instructor should maintain physical contact and/or constant visual attention on the student. This means that instructor and student are at all times aware of what each other is doing on the trampoline. In some cases the student may be jumping or bouncing near the instructor. It is important that physical distance between student and instructor be no more than three or four feet. Physical proximity is necessary for the instructor to be able to deal quickly with any situation where a student may be in danger. On the bed of the trampoline the instructor can hold the student's hands or use a spotting belt. When spotting on the trampoline bed it is important to consider your effect on the bounce. With the student on the trampoline bed you can accentuate or deaden the bounce, or control uneven or uncontrolled bouncing. In this position, on the trampoline bed with the student, an instructor can either jump with the student or stop his/her bounce by bending at the knees allowing the student to bounce essentially on his/her own. Important factors to consider for an instructor who works with a student on the trampoline are related to size, strength, physical ability, and coordination. The instructor is, idealy, physically larger than the student, even though a smaller person can with training adequately control any student. The instructor's physical ability along with trust and confidence that can be given a student are also important.

Only one student at a time should work with an instructor on the trampoline. In a situation where students possess severe physical handicapping conditions, two or three students may be on the trampoline with one instructor. When used for stimulation, four or more students should be on the trampoline with two or more instructors, up to the capacity of the trampoline. A good limit here is eight

people on the trampoline at one time. Bouncing of students and instructors should be low, and not more than three to six inches off the trampoline bed. Mounting the trampoline must be done in a safe manner. A step or stairs to the bed of the trampoline is a good idea. Climbing up and down is a good suggestion for all who use trampolines. Going on to or down from the trampoline is a good time to be especially watchful of the student. It is again important to maintain close contact with the student at these times.

RESPONSIBILITIES OF PROGRAM INSTRUCTORS

The person in charge or administering a trampoline program within adapted physical education is responsible for its use. Instructors in this program must be trained and under the supervision of an adapted physical education instructor. This instructor of students should be concerned with three factors, each related to safe and effective use of the trampoline:

- Student and instructor positions and activities each is to do. Therapy and teaching techniques are dependent upon relative positions of student and instructor. On the trampoline there must be a close proximity. When the student is seated or lying, the instructor may be standing near the student or seated and supporting the student as needed. The instructor is directly concerned with the student's activity as well as his/her own activity. Be aware that the student's activity in bouncing is not only affected by the instructor's but can have an effect on how the instructor controls his/her own bounce. Support and assistance given is also important.

- The instructor is responsible for controlling the bounce of the trampoline. The student's control is directly dependent upon control the instructor has over him/herself when jumping or bouncing. The instructor's base of support is important when standing or sitting. Feet are spread shoulder width, take-off and landing is with toes, and landing is on both feet simutaneously. Each instructor should take the opportunity to gain control without the student before jumping with a student. For benefit of everyone, the instructor should not attempt to work with a student or students who may be physically or behaviorly too much for him/her. It helps to watch a student's hips and trunk. Instability is first reliably evidenced in these parts of the body when jumping or being bounced. The instructor must always be prepared to respond quickly to a student's needs as related to balance and loss of control.

- The student exhibits control in all positions when the instructor has control of the situation. Each student requires varying levels of support. Initially total support in sitting or standing may be necessary; a co-active movement presentation may work best. At times the instructor may need to support the student from behind and other times from the front. The student's hands may be held, or the instructor may hold the student at the wrists or elbows. The student with increasing control requires less support; provide only what is required, and have the student control his/her own movements and support as much as possible. Do not be too quick to release support, creating a dangerous situation for student and instructor.

These three factors must be explained, demonstrated, and experienced by all who work with students on trampolines. Instructors, aides, volunteers, and other staff should be made aware of these factors by the adapted physical education instructor. It should be recognized that not every staff member involved with the student can or should work with the student on the trampoline. This is a choice which each staff member must have. All individuals who participate must be made aware of potential risks and how to control dangerous situations on the trampoline.

DEVELOPMENTAL TRAMPOLINE SKILLS

These activities are suggested for use with individuals possessing multiple handicapping conditions. These activities are intended to provide situations where students can experience benefical movement stimulation. A developmental approach is used to accommodate need to progress from one point to the next as the student gains increasing control of physical-motor movements. The ultimate goal is for the student to stand and bounce with a stated level of independence. Each student needs stated skill levels that are within his/her individual skill level. Although it is possible to develop additional skill levels, this may not be possible for all members of populations possessing multiple handicapping conditions. If opportunities exist to go beyond these suggested skill levels, do so for benefits of students when additional contributions can be gained from the activity. It is not the intent to limit a student's potential to perform skills on a level equal to his/her ability, or to experience movement and movement control which is not within the level of ability from which benefits may be obtained.

Bouncing for Stimulation

Bouncing for stimulation may be done with more than one student at a time when students are either seated or lying. Two or more spotters off the trampoline are suggested.

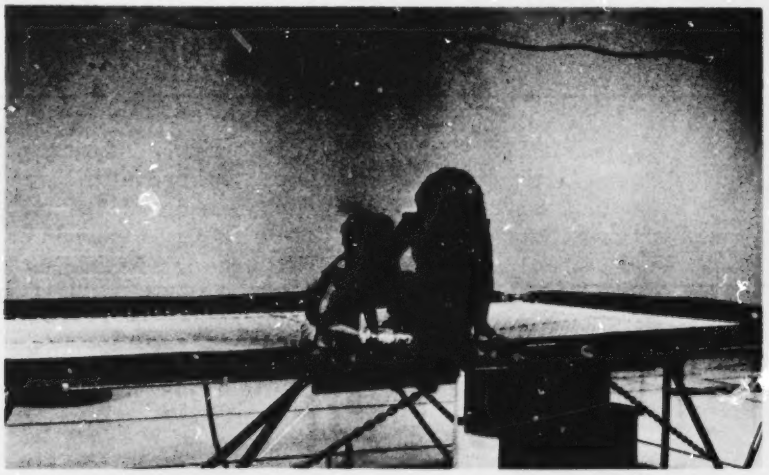
- Lying--the student lies on the back or stomach.
- Seated--the student sits with or without support.
- Standing--the student stands with total or limited support depending upon physical needs of the student. Total support may be given from the back. More independent support is given from the front by holding the hands or arms while facing the student.

Support student as needed during jumping activities.

In the above positions, except standing, there can be more than one student and instructor on the trampoline bed at the same time. For safety considerations it is best to have at least one instructor for each student; a lower ratio may be possible for more mobile students and a higher ratio for less mobile students.

Bouncing for stimulation is done purely for stimulation. The student is provided a form of movement stimulation which can affect all body areas.

When bounced, the student must make simple body adjustments in response to motion of the trampoline bed. When a student is developing supported positions, head, truck, or standing in conjunction with a developmental progression, there are stresses to supportive muscles and equilibrium sense caused by the bouncing. This stress serves to help the student use and strengthen supportive musculature as well as develop successful perceptions of balance control in each position.

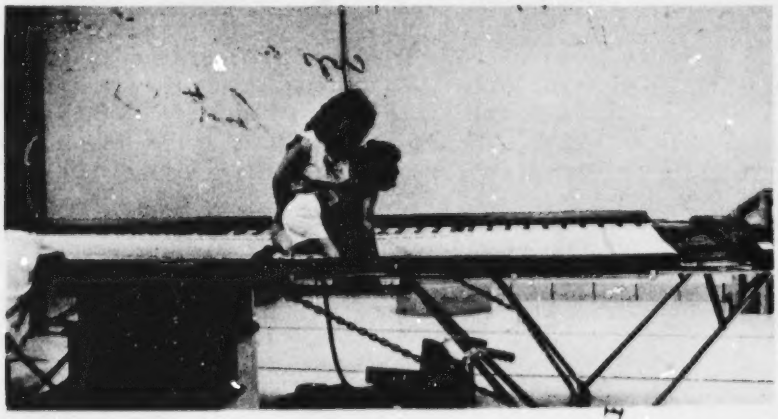


Trampoline activities can be beneficial to a student's development of muscular strength, control of balance, and security associated with motor skills and developmental positioning. Sitting and creeping positions are shown.

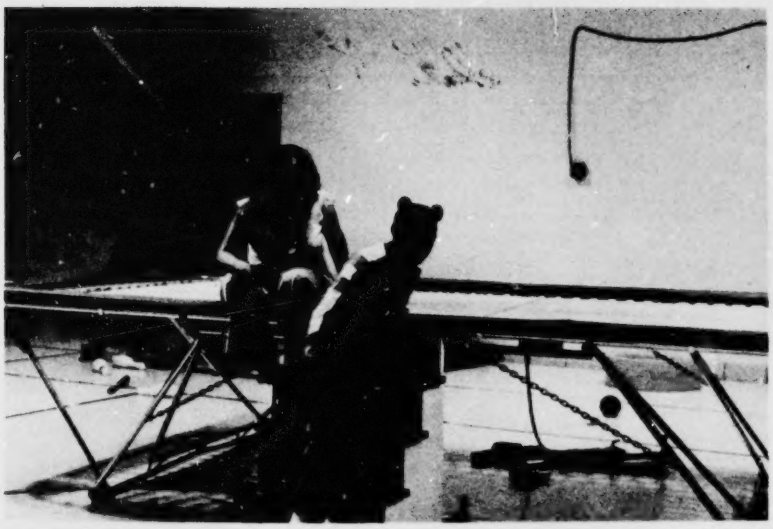
Progression to Limited Independence

Stay in the middle. This is an important pattern of behavior to start as early as possible. Perhaps the most important fact a student can learn is to bounce or jump in the middle of the trampoline bed. The best bounce can be obtained at this point, as well as maximum allowance for safety in performing all activities on the trampoline. Bounce with the student on or near the middle of the trampoline bed at all times.

Stop Bounce. When the student is physically and/or mentally incapable of performing this skill, it is important for the instructor to see that all individuals working with such students can stop the bounce of the trampoline at any time. This is a necessary part of controlling student-instructor activity.



On and off the trampoline. Stairs, ladder, or steps are good additions to the trampoline. With or without climbing aids the student and instructor climb on and off the trampoline. For students incapable of climbing, the instructor may lift the student to the trampoline. It is recommended that the instructor lift the student on to the trampoline with help if needed, then climb up. When on the trampoline, move to the middle of the bed before standing or jumping.



Supervise the student at all time on the trampoline, using simplest and most secure means of ascending and descending.

Suggested limits of skill development will be supervised, unsupported jumping or bouncing--always maintain suggested distance between student and instructor.

These portions of the progression are not presented in a developmental sequence. However, they are given as a first priority in the progression of trampoline skills. A suggested sequence of skill development to attain limited independence follows in the next section. Limited independence is a goal through which students can bounce without support on their own, but with an instructor nearby for guidance. This is the highest goal in this suggested sequence.

Progression to Independent Jumping

Progressing to independent jumping is essentially advancing step-by-step from more support to lessening outside support. Move students through each step at their own paces. Although some students may seem to be able to proceed at faster rates, be sure each step is completed and the student is absolutely capable of proceeding. To probe possibilities of moving up, work with the student for short periods on the next step, gradually increasing time until the student has gained some skill on this level. Always be aware of the student's feelings and performances during activity on the trampoline.

Jumping proceeds from total support to limited independence as follows:

Support around the trunk. Hold the student from behind. The student's arms can be allowed to be free, or can be held across the student's chest by the instructor. Jump with the student; allow him/her to feel action of the bounce; take some of his/her weight on each landing. This sensation of weight-bearing increases to the point where the student is physically and structurally capable of self weight-bearing.

Hold upper arms while facing the student. This is the beginning of gradual release of support. Encourage shoulder motion up and down as you bounce with the student.

Hold at elbows. The instructor holds the student's elbows. From this point it is possible to introduce limited arm motion when jumping. Move the arms up and out when going up, and down to the sides when coming down. Keep this action rhythmical, even though it may not be done each time the student and instructor bounce up and down.

Hold at wrists. Some students may require a mid-point in moving from elbow to wrist support by holding the student at the forearms. When the student has gained some confidence at this point, introduce the concept of jumping. Try to get the student to push down with his/her feet. Some students may begin by bending at the hips as they push with the legs and the feet. With some ingenuity it is possible to shape this into modified jumping. When holding the student at the wrists, experiment with arm motion as you bounce. Keep arm motion rhythmical and try to move the arms up and down each time you jump up and down. Realize the feeling that the arm motion is giving the student as his/her center of gravity is raised and lowered with arm motion. Also experiment with moving arms to the side, forward, and back.

Hold hands. Continue to develop the student's confidence and feeling of independence.

Hold one hand. It is at this point where the student is doing much of the work on his/her own. It is not necessary, even at this point, for the student to do the bouncing, although this should always be encouraged. Jumping itself will be considered a separate skill for various reasons; but it is a skill which can be initiated on the trampoline. It is a skill which is often times specific to the trampoline and difficult to transfer to another, more restrictive, surface.

Student hands free; instructor one step away. The student and instructor remain in the center of the trampoline bed bouncing, as the student is totally supporting him/herself. The instructor may start at a half-step rather than a full-step from the student. Again the student does not need to be doing the jumping at this stage.

Gradually move away from the student up to about three or four feet. A spotting belt may be used to assist this release of support. If the spotting belt is used it must be introduced at an earlier point so the student becomes accustomed to this form of support. When the student is confident and able to bounce with the instructor three or four feet away, the instructor may stand on the frame pad, allowing the student to jump on the trampoline bed alone. At this point it will be necessary to have at least one spotter on the opposite side of the trampoline from the instructor.

Individuals of any age and at any disability level can receive great benefits from the trampoline. The presentation of this form of stimulation, challenge, and enjoyment should be developmental. Always be concerned with safety for students and instructors on the trampoline. Even though the above suggestions do not include drops--seat, back, knee, or front--it should not be taken that these are not expected of individuals with multiple handicapping conditions. It is highly recommended that all individuals who are capable proceed as far as they are able into this area of motor performance and any other areas preferred. In recreation programs the vital factors of enjoyment and positive stimulation which the trampoline offers should not be forgotten, and should be used to its full potential in programing for all people. In all cases use of applicable safety guidelines should be a must for the success of the total program.

The American Alliance for Health, Physical Education, Recreation and Dance does not discriminate in any of its programs and activities on the basis of race, religion, color, national origin, sex, or handicapping conditions.

The Use of Trampolines and Minitramps in Physical Education

Over the years, trampoline accidents have resulted in a significant number of cases of quadriplegia. The annual frequency appears to be low yet persistent. Late in 1977, the American Academy of Pediatrics took a public position that the trampoline was posing an undue risk of serious injury and therefore warned that it should not be utilized as a competitive sport nor as an activity within physical education.

Subsequently, further examination of injury patterns and the benefits justifying selective inclusion of the trampoline within a physical education program, whether in educational institutions or recreational settings, has permitted the American Alliance for Health, Physical Education and Recreation to formulate the following statement.

Risk of injury, including serious injury, accompanies many physical activities enjoyed by young persons, even under the best of conditions. The vast majority of known cases of quadriplegia resulting from trampoline accidents have stemmed from improper execution of a somersault. While there is little encouragement for trampolining as an interscholastic or intercollegiate event, the use of the trampoline in physical education classes does not apparently constitute an unreasonable risk of serious injury providing that the following controls are ensured:

1. That the program is offered as an elective. No student should be required to engage in trampolining. It follows that all new participants should be helped to appreciate the risks of this activity and the measures being taken to control those risks.

2. That the program is supervised by an instructor with professional preparation in teaching trampolining. This implies that the selection of skills being taught are commensurate with the readiness of the student in a proper progressive manner, and that reminders of injury control measures are incorporated in the teaching process. By supervision is meant direct observation of the activity plus intervention capabilities when warranted.

3. That spotters be in position whenever the trampoline is being used and that all students (and teaching aides, if used) be trained by the instructor in the principles and techniques of spotting.

4. That the somersault not be permitted to be attempted in regular classes. If special opportunities exist in the physical education program for advanced students with demonstrated proficiency, the foot-to-foot somersault may be taught if the safety harness is used and if the objective clearly is not to wean the student away from the harness to execute skills involving the somersault. The safety harness must be controlled by persons trained by the instructor and capable for this task.

5. That the apparatus be locked, and otherwise secured as best the facilities provide, to prevent unauthorized and unsupervised use.

6. That the apparatus be erected, inspected, and maintained in accordance with the manufacturer's recommendations.

7. That policies for emergency care be preplanned and actively understood by all affected personnel. This includes first aid competence at hand, class supervision during the initial management of the injured student, communicative accessibility to appropriate medical assistance when needed, and transportation capability to appropriate medical facility when needed.

8. That participation and accident records be maintained for the trampoline and other gymnastic apparatuses and periodically be analyzed.

The minitramp, while different in nature and purpose from the trampoline, shares its association with risk of spinal cord injury from poorly executed somersaults. The best of mats do not provide substantial protection from the minitramp accident that leads to quadriplegia. As recommended for trampoline safety, the minitramp should constitute an elective activity requiring competent instruction and supervision, spotters trained for that function, emphasis on the danger of somersaults and dive-rolls, security against unsupervised use, proper erection and maintenance of the apparatus, a plan for emergency care should an accident occur, and documentation of participation and of any accidents which occur.

In addition to that stipulated in the preceding paragraph, the following constitute the controlled conditions to be ensured.

1. No multiple somersault be attempted.
2. No single somersault be attempted unless:
   a. the intended result is a foot-landing.
   b. the student has demonstrated reasonable ability for such on the trampoline with a safety harness, off the diving board of a swimming pool, or in tumbling.
   c. a competent spotter(s) is in position, knowing the skill which the student is attempting, and physically capable of handling an improper execution. If the safety harness is employed, the instructor must be satisfied that it is controlled competently.
   d. the minitramp is reasonably secured to help prevent slipping at the time of execution.
   e. a mat should be utilized, sufficiently wide and long to prevent a landing on the mat's edge and provide for proper footing of the spotter(s).

The Use of the Trampoline for the Development of Competitive Skills in Sport

The controlled use of the trampoline as a training device for athletes in related sports (eg. diving, gymnastics, pole vaulting) warrants clarification in lieu of the current concerns of appropriate safety considerations. The 1978 American Alliance for Health, Physical Education and Recreation Statement on the trampoline in physical education and recreational programs precludes the use of the somersault except for advanced students who are controlled by a safety harness.

However, the practice of utilizing the trampoline by varsity athletes for skill development has definable performance standards which exceed that justified for physical education and recreational programs. Further, the apparent safety record accompanying such use is admirable.

Consequently, the American Alliance for Health, Physical Education and Recreation extends to the organizations who are responsible for the conduct of sport its support of the following guidelines for those coaches who choose to utilize the trampoline for these purposes.

Continuous conscious attention must be given to the control of the risks accepted by proficient athletes pursuing the benefits of the trampoline in skill development for related sports. As is recommended for its controlled use in physical education, the trampoline should constitute an elective activity by the athlete requiring competent coaching and supervision, skilled spotters aware of the routine being practiced, competent use of the safety harness while learning skills involving the somersault, security against unsupervised use, proper erecting and maintenance of the apparatus, a plan for emergency care should an accident occur, and the documentation of participation and any accidents which occur.

It should be emphasized that without the safety harness the best of spotting cannot intervene effectively to prevent serious neck injury and quadriplegia if an athlete lands incorrectly from a poorly executed skill. Yet, it is acknowledged that the competitive athlete at times requires freedom from the safety harness to refine and ready his/her skills for competition in another sport.

Two statements approved by the American Alliance for Health, Physical Education, and Recreation (Alliance Assembly, Kansas City, Missouri, April 1978)

Teacher-Therapist Presents Case For Adding To Alliance Guidelines

Bill Thomas
Logan School
South Bend, Indiana

At some point therapy activities must include skills taaching; skills teaching may also be very therapeutic for an individual. This dual nature of trampoline use must be understood. The *ultimate goal of an activity* designates it as a therapeutic or skills teaching activity. Concern in this article is on therapeutic purposes of trampolice activities along with limits and safety precautions which must be instituted within these activities.

It is not my intent to comment on the **1978 AAHPER statement on The Use of Trampolines and Minitramps in Physical Education** as it has been presented. Its need to be used, or to have been developed initially are not at question. We must recognize that these are guidelines to follow, and there are good reasons for using effective guidelines in physical activities for safety and protection of all. Rules in games and sports make play more fun and satisfying for all participants. In this same way consistent rules for trampoline activities can make participation more enjoyable. But as with sports and games there must be the choice of deciding upon necessary ground-rules to fit individual programs. It is within this context that additional guidelines must be developed for trampoline activities involving participants with handicapping conditions.

The trampoline as a therapeutic modality does not always have to be challenging to a participant, although challenge is certainly a beneficial factor in therapy. Emotional or sensory stimulation may be a direct objective of an individual's participation in trampoline activities. Learning to deal adequately and effectively with sensory stimulation and/or to moderate or accept emotional stimulation can be prime purposes for trampoline use. Learning to jump within defined limits required by a trampoline can be a challenge, which when overcome, can be a strong factor in the development of an individual with a physical or mental condition. Within any teaching situation there can be other positive outcomes through therapeutic uses of trampolines.

Teacher therapists must be aware of unique needs of individuals with handicapping conditions with whom they work. Teachers must be knowledgeable of various limiting factors of specific disabilities and how to work best with these for the individual's benefit. Thus knowledge and understanding may in some situations dictate specific limitations on performance, expectations, and/or degree of experience allowed with trampolines. The condition of an individual may indicate to the teacher a definite progression in certain skills or activities. A trained therapist is able to use the trampoline to the maximum benefit when he/she knows both the trampoline as therapy equipment and real effects on the condition of the individual participant when the trampoline is used for therapeutic purposes.

Teacher/therapists have the choice of using trampolines in their programs or not using them for specific reasons; this is one factor of choice in therapeutic programs. Since a teacher manipulates or controls an activity for student's benefit, the teacher must be aware of control techniques and possibilities of injury to him/herself and/or the student. It is for these reasons that choice must be exercised by a teacher in using trampolines in the first place. A teacher not sufficiently prepared to accept control capabilities necessary may choose not to use trampolines in any therapeutic or educational setting.

When trampolines are used, therapists must be made aware of possibilities of injury and technique of control. The program supervisor must ultimately be responsible for instructing staff and volunteers who may work with students. Again, these individuals must have a choice of working with a student, or not, on the trampoline.

The second factor of choice must be used when a student is not capable of understanding injury possibilities or control on the trampoline. This lack of understanding may be permanent or temporary and is usually related to mental illness or mental deficiency. When a question of understanding exists, parents or guardians must be informed of trampoline use in physical education programs. All objectives for use, safety precautions, and limits of use must be described for each individual. The parent or guardian can then make this choice for the child.

Levels of skills to be used in therapeutic situations are limited to needs of each student. For some this limit may be dictated by the severity of the condition. For others limits on skills may be dependent upon that individual's assessed need to perform a level of skill. When a student needs to perform or learn a specific trampoline skill, it is necessary to do this within suggested guidelines. Although it is needless to place further limits on individuals with handicapping conditions, it may be in their best interests not to place on them a challenge in skill development which may prove useless to their overall functioning abillity, simply because a specific skill may be the next step in the progression. When a movement skill becomes less functional in a general sense, it also becomes less effective in a therapeutic sense.

It may be suggested that individuals with handicapping conditions may benefit a great deal from developing jumping control on the trampoline. But working with this individual's overall ability in areas other than physical-motor may be more beneficial than attempting to broaden a specific skill area, irrespective of development of other life-functioning areas. Being able to jump well may improve walking ability, muscular strength, balancing ability, self-concept, and self-control. These specific strengths, when developed to specified levels, may then help achieve advances simultaneously in other areas of the individual's life. *In therapy the trampoline is simply a means to an end.* We must work with the total individual, in a holistic sense, using those activities which can meet specific needs of the individual. Thus specific limits on performance levels may be placed on some categories of handicapping conditions. Each student's present level of function and potential need for learning a skill ultimately determines limits placed on performances. All skills are part of a sound developmental progression and not simply picked from a list of available trampoline skills.

In this manner a therapeutic program best serves a student in need of therapy. In an adapted physical education situation guidelines dealing with training competencies of teachers may be the only guidelines to be followed. But in a strict sense this may not be necessary when a trained trampoline teacher is responsible for the trampoline program, and is working with, or is him/herself a trained adapted physical education teacher. In this case the **1978 AAHPER Guidelines** may have been adequately met. This example points out that there are situations where the **1978 AAHPER Guidelines** may be appropriately used without consideratrion of any extensions which may be approved in the future. Purpsoe for an extension to the **1978 AAHPER Guidelines** is to make the given stipulations suit unique implications presented by individuals with handicapping conditions in use of trampolines. When these unique implications are not

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Clarification Requested For 1978 AAHPER Trampoline Statement

Teacher-Therapist Presents Case For Adding To Alliance Guidelines

With recent introduction of guidelines for use of trampolines there are strong indications that many physical education teachers have voluntarily had to limit severely or eliminate totally use of trampolines in their physical education programs. For teachers who used trampolines for benefit and enjoyment of students, and for students who learned and received a great deal of enjoyment participating in trampoline activities, this is very disheartening. I believe that safety and injury prevention have always been prime factors in all physical education programs, especially when challenging and exciting activities such as the trampoline have been part of these programs. We are all aware that the possibility of injury exists in many life situations in which we voluntarily participate. The challenge of participation is indeed part of the excitement and stimulation which may be received from trampoline activities. Educational implications of trampoline use include muscular development, improvement of balance, greater body awareness, better coordination, and more self-control.

Obviously, with participants possessing handicapping conditions, we deal with similar objectives for trampoline activities as those mentioned. Enjoyment, stimulation, and challenge are not lost because of mental, physical, emotional, or sensory disabilities. However, when individuals have handicapping conditions we may be additionally concerned in adapted physical education, therapeutic recreation, and physical or occupational therapy with therapeutic outcomes from trampoline activities. In therapy situations, individuals with disabilities work with therapists to learn to live with or improve functions within limits of a particular condition. Therapists may use *therapeutic* or *skilled activities* within therapy sessions; therapy programs may include both therapeutic and skills learning activities which are defined as follows:

- **Skills teaching** promote progressive development of movement control to related whole performances. Skills teaching activities may be used to help students develop levels of motor control with which they can perform or practice various movements or skills in therapeutic situations.

- **Therapeutic activity** promotes opportunities to practice or perform already learned or present level skills, or passive or active movements to create situations where beneficial, therapeutic objectives can be achieved. These movement activities use present skill levels to develop situations where a disability can be more easily adjusted to, or some degree of adaption or acceptance to the disability can be gained from the activities.

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present, it would not be necessary to use the extension designated for participants with handicapping conditions.

If a set of rules must be used for trampolines, these must in some manner, be adapted to fit specific needs of individuals with handicapping conditions who may use trampolines for learning or therapeutic activities. It therefore suggested that (1) specific training is needed for teachers, (2) two levels of choice required for instructors and students or parents/guardians when responsible choices cannot otherwise be made, and (3) specified limits be set on skills which may be used for some populations. Within this context it is understood that any and all other uses of trampolines by individuals with handicapping conditions will be done within guidelines affecting all persons, able-bodied, as well as those with handicapping conditions. In this way the guidelines extension affects the program and does not unnecessarily limit an individual with a handicapping conditions.

Within recreational settings the same guidelines may be used. Although the prime purpose of recreation may not be learning, use of skills, in satisfying activities may indeed be therapeutic, and the individual may indeed gain some learning results. The trampoline is a strong motivational factor as a recreational activity, and can be used for many purposes with able-bodied and disabled persons alike. Further expansion of this expressed idea, as well as the suggested guidelines extension, are needed prior to adoption of satisfactory extensions to the 1978 AAHPER Guidelines.

END

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